

CASE NAME: YOUR NAME HERE

CASE #: YOUR CASE NUMBER HERE

RENEWAL NOTICE**Your Medical Assistance case is due for annual review.**

To begin your review, please complete and return the enclosed Children Family Medical Assistance Application or complete your review online by going to the DSS Online System at:
<https://dss.sd.gov/applyonline>

The completed review and requested information outlined in the review must be returned by **MONTH DAY, 2023** to continue your medical assistance. Your household will not be eligible for medical assistance after **MONTH DAY, 2023** if the review and information outlined is not received.

This annual review can be completed by fax, mail, or online.

If you would like to complete your annual review online, go to **<https://dss.sd.gov/applyonline>**

After clicking on "Complete My Yearly Renewal" you will be given additional information regarding the website and allowed to enter a password. You will then be asked to enter the following information:

In Field 1 enter your Pin # **(PIN HERE)**

In Field 2 enter your date of birth (Must use this format with / : mm/dd/yyyy – example 01/15/1951)

In Field 3 enter the county where you live

In Field 4 enter your case number

If you enter the information shown above into the DSS Online System, current information from your file will be displayed. Review the information, correct any information that has changed, and add any new information. (If you choose to file an online renewal without completing the above 4 steps, you may do so, but your current information will not be displayed.)

MONTH DAY, 2023

PHONE NUMBER: YOUR LOCAL OFFICE NUMBER
TOLL FREE: TOLL FREE NUMBER
FAX: FAX NUMBER

BENEFITS SPECIALIST NAME
BENEFITS SPECIALIST
YOUR LOCAL OFFICE ADDRESS
YOUR LOCAL OFFICE CITY & ZIP